

## A CASE OF PANCREATIC CYST.

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THE patient was a strong farmer of thirty-five years. Four years before operation the earliest trouble began suddenly with what seemed to be an ordinary colic, but it lasted three weeks, during which time he was seriously sick and had fever. After this the tumor was discovered, the size of a teacup, and it was four months before it disappeared. Seven months previous to operation abdominal trouble began again, but this time slowly, with an aching and some vomiting. He was three weeks in the house, ten days of the time with severe abdominal pain. Was constipated then and has been ever since. The tumor reappeared then to remain, but he has been in the intervening period in better health and heavier than usual. So much of the history is supplied by the patient. He seeks treatment on account of the tumor, not of his general feeling, which is quite good. Nothing peculiar about his stools; urine normal.

The tumor, now the size of a small cocoanut, was a little above and to the left of the umbilicus, feeling like a tense cyst, and pulsating plainly from motion transmitted from the aorta. The diagnosis of pancreatic cyst was made two months before.

The incision was from an inch below the umbilicus to four inches above. Omentum was adherent to the cyst and both partially to the parietes, but by drawing the omentum up the cyst was exposed. Bowel was firmly adherent to the upper surface of the cyst, and the latter could not be explored without. It tore under the trocar, and allowed some of the contents, dark grumous fluid, to enter the abdomen. Cavity was very deep, and springing from its bottom was a large fungosity of softened pancreatic tissue, a double handful of which was removed. Considerable hæmorrhage was stopped by irrigation. An inch and a half of the opening, now torn large, was stitched to the parietes, the rest included in the closing sutures. Excepting a mural abscess the convalescence was uneventful; after seven weeks the fistula was very small and discharging little; patient well except slight digestive disturbance.

A few weeks later he was taken with a low form of fever which was prevailing in the neighborhood, and, nearly three months after the operation, died. The autopsy made by a colleague showed a somewhat surprising state of affairs. The left kidney was doubled in size, but otherwise apparently healthy. The right kidney soft and atrophied, pelvis dilated to size of walnut and full of urine, ureter obliterated by old adhesions near tumor. The cyst, the size of a turkey egg, very thin and containing still a small amount of pancreatic tissue; its adhesions to spine and surrounding organs very firm. It would seem as if the pancreatic trouble was secondary to an earlier inflammation near the kidney.

The discharge of pus from the cyst became, a few days before death, bloody and offensive, evidently secondarily so to the fever.

Mr. Jordan Lloyd, of Birmingham, has advanced the opinion that most cases reported as cyst of the pancreas are actually effusions into the lesser peritoneal cavity. This one would seem not to be so because not at all crescentic in form, but round, and because it did not at all extend into the left hypochondrium. The tissue was pronounced by a microscopist degenerated pancreatic tissue.